

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209563
Report Date: 07/07/2025
Date Signed: 07/07/2025 09:16:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	GETTYSBURG MERCY CARE LLC	FACILITY NUMBER:	107209563
ADMINISTRATOR/YOUNES, ZAINAB		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(559) 347-8719
ADDRESS:	4844 E GETTYSBURG AVE	STATE: CA	ZIP CODE: 93726
CITY:	FRESNO	CENSUS: 11	DATE: 07/07/2025
CAPACITY: 18		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Prelicensing		INSPECTION	12:00 PM
		BEGAN:	
MET WITH: Licensee (Mgr-Mbr) /Administrator (L/A) - Zainab Younes		TIME VISIT/	
		INSPECTION	09:30 PM
		COMPLETED:	

NARRATIVE	
1	A Prelicensing continuation visit was conducted by Licensing Program Analyst (LPA) K. McClurg. LPA
2	met with Licensee (Mgr-Mbr) /Administrator (L/A) - Zainab Younes. LPA introduced self, provided
3	business card, stated purpose of visit, & was allowed to proceed with visit. This is a change of
4	ownership with residents in care. Fire cleared for All Non-Ambulatory. Hospice Waiver for five (5).
5	Facility landline telephone (559) 294-9080.
6	
7	Physical Plant toured. Dining room, common room, TV room sufficiently furnished with adequate
8	lighting. No unpleasant odors detected. Kitchen toured. Kitchen appeared to be clean & free of
9	miscellaneous debris on counters & floors. Knives secured in locked area & inaccessible to residents.
10	Refrigerators & freezers @ appropriate temperatures. Inside of appliances appeared to be clean. 2 day
11	perishable & 7 day non-perishable food on the premises.
12	
13	Resident rooms & bathrooms toured. Resident rooms sufficiently furnished with adequate lighting. No
14	unpleasant odors detected. Bathrooms appeared to be clean with clean fixtures. Grab bars in toilet, tub,
15	& shower areas. Hot water measured at west end of facility at 113 degrees F. Hot water at measured on
16	east end at 115 degrees F. Non-slip mats in all tub/shower areas.
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20	<i>Continued</i>
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NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Kelly J. McClurg

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/07/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/07/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GETTYSBURG MERCY CARE LLC

FACILITY NUMBER: 107209563

VISIT DATE: 07/07/2025

NARRATIVE	
1	(Continued)
2	
3	Medication organized & inaccessible to non-authorized persons. Facility records organized &
4	maintained.
5	
6	Outside area toured. Backyard area toured. Landscape maintained & tidy. All interior & exterior
7	passageways clear & unobstructed. Signal system tested & observed to be operational. Staff responded
8	in a timely manner. Sufficient supply of PPE on the premises. Hazardous items, include cleansers, in
9	secured areas inaccessible to residents.
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11	Component III (Comp III) completed during this visit.
12	Exit interview conducted with L/A. Report provided at time of visit.
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15	<i>"Pre-Licensing is complete and this facility has no deficiencies."</i>
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NAME OF LICENSING PROGRAM MANAGER: See Moua	
NAME OF LICENSING PROGRAM ANALYST: Kelly J. McClurg	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/07/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/07/2025
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